



**Wellness Policy**  
**Version 3.0 as of 1/1/21**

**1. Adults (18 years and older)**

**a. Wellness Visit** (once per year)

- i. Up to 1-hour office visit with Primary Care Provider

**b. Labs** (once per year):

- i. CBC with differential and platelets
- ii. Comprehensive Metabolic Panel
- iii. Lipid Profile with Lipoprotein Particle Assessment
- iv. Hemoglobin a1c
- v. Vitamin D-25 OH
- vi. C-Reactive Protein
- vii. Fecal Occult Blood
- viii. Prostate Specific Antigen (PSA) for males age 40 and older
- ix. Other Labs:
  - 1. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
  - 2. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945–1965
  - 3. HIV screening for everyone ages 15 to 65, and other ages at increased risk
  - 4. Tuberculosis screening for certain adults without symptoms at high risk
    - a. Risks include:
      - i. Born in or have lived in a country where TB is common
      - ii. Live or have lived in a large group setting – for example, a homeless shelter or a prison



**c. Female Specific**

- i. Well Woman visit including physical exam, once per year
- ii. Pap Smear with or without HPV testing every 3 years for women 65 and younger
- iii. Breast Cancer Screening
  - 1. Mammogram or Thermography (one or the other) every year for women 40 to 49 years old.
  - 2. Mammograms or Thermography (one or the other) every 2 years for women aged 50 to 75 years old.

\*3D Mammograms may be shared due to dense tissue.

**d. Immunization**

- i. Routine vaccines which follow CDC criteria for wellness

**e. Cardiovascular Screening**

- i. Abdominal aortic aneurysm one-time screening ultrasound age 65 or older

**f. Osteoporosis Screening**

- i. DEXA Scan every 2 years age 60 and older

**g. Hereditary Cancer Screening**

- i. Hereditary Cancer Screen once in a lifetime for those with a 1<sup>st</sup> degree relative with cancer or a family member with a diagnosed cancer gene.

**h. Colorectal Cancer Screening**

- i. Colonoscopy every 10 years from age 45 to 75.
- ii. If member refuses a colonoscopy then other alternatives are shareable
  - 1. FIT Fecal DNA (ie: cologuard) once every 3 years
  - or-
  - 2. CT Colonography every 5 years
- iii. Exceptions for High Risk
  - 1. Lynch Syndrome
    - a. Colonoscopy every year beginning at age 20 years old or 5 years younger than youngest age at diagnosis of colorectal cancer in the family if diagnosed before age 25 years old.
    - b. Colonoscopies start at age 30 years old with MSH6 gene
    - c. Colonoscopies start at age 35 years old with PMS2 gene



- d. Annual colonoscopy in MMR mutation gene
  - 2. Family Colon Cancer Syndrome X
    - a. Colonoscopy every 3 years beginning 10 years before the age at diagnosis of the youngest affected relative
  - 3. Colorectal cancer or an advanced adenoma in a single first-degree relative
    - a. Colonoscopy every 5 years beginning 10 years before the age at diagnosis of the youngest affected individual or age 40, whichever is earlier
- i. Lung Cancer Screening**
- i. Yearly low dose computed tomography (CT)
    - 1. Only adults 55-80 years old with high risk
    - 2. High risk
      - a. Heavy smokers with at least a 30-pack year who have quit within the last 15 years.
      - b. Yearly screening is discontinued once the member has not smoked for 15 years.

## **2. Pediatrics (Birth through 17 years old)**

### **a. Well Child visits**

- i. First 12 months: total 7 office visits
- ii. 12 to 23 months: total 3 office visits
- iii. 24 to 35 months: 2 office visits
- iv. Yearly at 36 months

- b. Screening Labs/Imaging/Immunization** under the guidance of the American Academy of Pediatrics are eligible for sharing ([https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf))